

This is a Permanent Record.  
 with Unlading Inf.  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		73	
County of <u>Gila</u>	CERTIFICATE OF BIRTH.	Register No. <u>723</u>	
District of <u>San Carlos</u>		St.; <u></u> Ward)	
Town of <u>San Carlos</u>			
City of <u></u>			
FULL NAME OF CHILD		Born <u>Yes</u> <del>No</del>	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other <u></u>	and Number in order of birth <u>4</u>	Legiti mate? <u>yes</u>
Date of Birth <u>Nov. 1</u>	19 <u>09</u>		
FATHER		MOTHER	
Full Name <u>Shelton Jackson</u>	Full Maiden Name <u>Leona Jackson</u>		
Residence <u>San Carlos Arizona</u>	Residence <u>San Carlos Arizona</u>		
Color or Race <u>Indian</u>	Age at last Birthday <u>30</u>	Color or Race <u>Indian</u>	Age at last Birthday <u>27</u>
Birthplace <u>Arizona Ter.</u>	Birthplace <u>Arizona Ter.</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Not</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on , 19, at M

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature)  (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report 19

Filed 1909

Address

Carl B. Boyd M.D.

LOCAL REGISTRAR.

Filed 1909

B.S. Gay M.D.

COUNTY REGISTRAR.

COUNTY REGISTRAR.